

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>IV A</i>		<i>07/24/01</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>7/24/01</i>
<b>FORMALITY REVIEW</b>	<i>S.A</i>	<i>1123</i>	<i>08/13/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>C C</i>	<i>JCL114</i>	<i>10-29-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-1 6-1 01-28 03-09
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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12	✓	✓	
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34	✓		
35	✓		
36	N		
37	A		
38	N		
39	N		
40	✓		
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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999  
9/1/01  
SAC/10/01